

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
*101728498*  
APPLICANT(S)

FILING DATE

*12/11/06*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
11			/			
12			/			
13			/			
14			/			
15			/			
16			/			
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34						
35		/	/			
36		/				
37		/				
38		/				
39		/				
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

TOTAL  
IND.



5



TOTAL  
DEP.

124



TOTAL  
CLAIMS

39

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								

TOTAL  
IND.



TOTAL  
DEP.



TOTAL  
CLAIMS

39